State of Maryland Local Care Team and Interagency Placement Committee Referral Form

Effective March 1, 2021

Instructions

- Please complete the form to make a referral to the Local Care Team in a specific jurisdiction or to the Interagency Placement Committee.
- Parents/caregivers who are completing the form should provide as much information as possible. The Local Care Team coordinator will assist with completing the form as needed to ensure all relevant information is obtained.
- Forms must be transmitted using appropriate encryption to ensure the confidentiality of protected health information.
- Consents and releases should be obtained as necessary.
- For a referral to the Local Care Team, complete the form and send it to the Local Care Team coordinator in the youth's county of residence. Access the Local Care Team Directory here for that information or to contact the coordinator with questions.
- For a referral to the Interagency Placement Committee, complete the form and send it to the Committee via email at: ipc.information@maryland.gov.

Name of Person Completing Form *

First Name Last Name

Are You: *

- ○ Parent/Guardian
- ○ Hospital Personnel
- ○ Staff of Local Care Team Member Agency
- ○

If "Other", Please Explain Your Relationship to the Youth

Your Phone Number *

Please enter a valid phone number that can be used to contact you regarding this referral.

Your Email *

example@example.com

Agency/Hospital

For referrals completed by agency/hospital personnel, provide the agency affiliation of the person completing the referral or the name of the hospital where the person completing the referral is employed.

Date Form Completed. *

Month Day Year

Name of Youth *

First Name Middle Name Last Name Suffix

Youth's Date of Birth *

Month Day Year

Youth's Gender *

Youth's Race *

Youth's Ethnicity *

Youth's Current Address *

Facility Name, if Applicable. Leave this line blank for a residence.

Street Address

Is Youth a Maryland Resident? *

- Yes
- No
- Unsure

What is the Youth's County of Residence? *

What is the Youth's Legal Status? *

- Committed to an Agency (List the Agency Below)
- Co-Committed to Multiple Agencies (List the Agencies Below)
- Not Committed to an Agency
- Approved Voluntary Placement Agreement
- Unsure

If the Youth is Committed to an Agency/Agencies, List Agency or Agencies

Is the Youth Currently Eligible for Medical Assistance? *

- Yes
- No
- Unsure

If the Youth is Currently Receiving Medical Assistance, Enter MA Number Below

Is the Youth Currently Enrolled in School? *

- ○ Yes
- ○ No
- ○ Unsure

Current Grade if Enrolled

If Currently Enrolled in School:

School Name

City State

Jurisdiction of School Where the Youth is Enrolled

Educational Goal

- ○ Diploma
- ○ GED
- ○ Certificate of Completion
- ○

Date Last IEP Completed

Month Day Year

Educational Code - Include Information on the Child/Youth's Primary Disability as Identified on the Youth's Individualized Education Program Plan.

- ☐ 01 Autism
- ☐ 02 Deaf
- ☐ 03 Deaf - Blindness

- [ ] 04 Developmental Delay
- [ ] 05 Emotional Disability
- [ ] 06 Hearing Impairment
- [ ] 07 Intellectual Disability
- [ ] 08 Orthopedic Impairment
- [ ] 09 Other Health Impairment
- [ ] 10 Specific Learning Disability (Dyslexia, Dysgraphia, Dyscalculia)
- [ ] 11 Speech or Language Impairment
- [ ] 13 Traumatic Brain Injury
- [ ] 14 Visual Impairment
- [ ] 15 Multiple Disabilities (Cognitive, Sensory, Physical)

Date Last 504 Plan Completed

Month Day Year

What is the Youth's Resident School System?

If Not Currently Enrolled in School, What is the Last School Attended?

Name of Last School Attended

City State

Educational Goal Completed

- ○ Diploma
- ○ GED
- ○ Certificate of Completion
- ○

Withdrawal or Graduation Date

Month Day Year

Withdrawal Grade

Have Parental Rights Been Terminated?

	Yes	No	N/A
Mother #1	○	○	○
Mother #2	○	○	○
Father #1	○	○	○
Father #2	○	○	○

If Parental Rights Have Been Terminated, List Name of Parent(s) Whose Right(s) Were Terminated

Name of Legal Guardian #1 *

Prefix | First Name | Middle Name | Last Name | Suffix

Relationship to Child/Youth

Address of Legal Guardian #1

Street Address

Street Address Line 2

City | State

Zip Code

County of Address of Legal Guardian #1

Legal Guardian #1 Email

example@example.com

Phone Number of Legal Guardian #1

Please enter a valid phone number.

Name of Legal Guardian #2

Prefix | First Name | Middle Name | Last Name | Suffix

Relationship to Child/Youth

Address of Legal Guardian #2

Street Address

Street Address Line 2

City | State

Zip Code

County of Address of Legal Guardian #2

Legal Guardian #2 Email

example@example.com

Phone Number of Legal Guardian #2

Please enter a valid phone number.

Additional Information Regarding the Child/Youth:

	Yes, Currently	No, but Prior	Never	N/A
Has a Child	○	○	○	○
Pregnant	○	○	○	○
One or Both Parents Deceased	○	○	○	○
Gang Affiliated	○	○	○	○
One or Both Parents Incarcerated	○	○	○	○
One or Both Parents Substance Use/Abuse History	○	○	○	○
Lead Exposure	○	○	○	○
Substance Exposed Newborn	○	○	○	○
One or Both Parents Mental Health History	○	○	○	○

Provide an Overview of the Youth's Strengths *

Provide an Overview of the Youth's Clinical Needs *

Services Received From/Agency Involvement:

	Yes, Currently	No, but Prior	Never	Applied
Department of Social Services	○	○	○	○
Department of Juvenile Services	○	○	○	○
Developmental Disabilities Administration	○	○	○	○
Local Behavioral Health Authority	○	○	○	○
Private Behavioral Health Provider	○	○	○	○

Please List Services Received Past and Present. Use the Name of the Agency Listed Above or Private Provider and Dates of Service.

What is the Clinical Recommendation? *

Services Currently Recommended:

	Yes	No	N/A
Counseling/Therapy	○	○	○
Psychological Evaluation	○	○	○
Substance Abuse Treatment	○	○	○
Sex Offender Treatment	○	○	○
Behavioral Supports	○	○	○
Medication Monitoring	○	○	○
Psychiatric Services	○	○	○
Substance Use Education	○	○	○
Fire-Setter Treatment	○	○	○
Medical Care	○	○	○
Trauma-Based Therapy	○	○	○
Psychosocial Evaluation	○	○	○
Neurological Evaluation	○	○	○

Is the Youth Currently in a Hospital and Overstaying Medical Necessity? *

○ Yes

○ No

Is a Residential Placement Clinically Recommended? *

- ○ Yes
- ○ No
- ○ Unsure

If Yes, What is the Reason for Recommending a Residential Placement? *

Is this a New Placement or a Transfer between Similar Settings?

- ☐ New
- ☐ Transfer

Have In-State Resources Been Explored for the Residential Placement?

- ○ Yes
- ○ No

What Language is Primarily Spoken at Home?

If in-State resources were NOT explored for the residential placement, explain the reasons why below, including the specific services that are not available for in-State programs to be considered.

Exception Criteria for Out-of-State (OOS) Placement:

- ☐ Closer - The OOS placement is closer to the youth's home than any alternative in-State placement.
- ☐ Proximity - The youth's permanent placement includes residence with a caregiver in proximity to the proposed OOS placement.
- ☐ Cost - The individualized needs of the youth cannot be met through available, appropriate in-State resources at a total cost less than or equal to 100% of the average cost per placement for all appropriate OOS programs.
- ☐ Detention - The youth is currently in detention, shelter care, or committed to the Department of Juvenile Services (DJS) pending placement under a court order.
- ☐ IDEA - Compliance with the federal Individuals with Disabilities Education Act (IDEA) requires OOS placement.
- ☐ Hospital - The youth is hospitalized in an acute care psychiatric hospital under the following circumstances: 1) committed to DJS, local DSS, or a division of MDH; 2) the treatment team has determined that the youth is ready for discharge; and/or, 3) the only available appropriate placement is OOS.

Is a Voluntary Placement Agreement Being Considered? *

- ○ Yes
- ○ No

Most Recent Prior Placement

Facility Name

Street Address

City

State

Preceeding Prior Placement

Facility Name

Street Address

City

State

Preceeding Prior Placement

Facility Name

What is the Expected Date of Placement?

Month Day Year

What is Expected Date of Discharge if Youth is Currently Placed?

Month Day Year

Other Information: